Impact Implementing AIDS Prevention and Care Project

Report of the First Phase of Management Assessment of Capacity Development Requirements of the NGO Cluster Approach of the USAID Funded Tanzania AIDS Project

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to

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I. Introduction

This report summarizes the results of a rapid three region management assessment of the NGO Cluster approach established in 1994 under the USAID Tanzania AIDS Project (TAP) being implemented by the Family Health International (FHI) Country Office. The purpose of this management assessment was in general designed to help USAID and FHI chart the pathway for the development of the cluster approach for potential USAID future support to the NGO sector. Following discussions with the USAID Technical advisor in AIDS and Child Survival and the FHI country office representative it was decided to focus the assessment specifically on three areas:

- Capacity of NGOs to carry out quality programs;
- Capacity of cluster coordinating groups at regional, district, and ward level to manage overall AIDS prevention and care programs;
- Capacity at regional level to support the process of decentralization down to the district level and below.

The assessment was conducted by Management Sciences for Health (MSH) consultant, Saul Helfenbein, and FHI NGO Program Officer, Gilbert Lutweza. The assessment was carried out under the IMPACT Project FCO #84290 Task Order No. 3. It involved visits to three Clusters (Arusha, Dodoma and Iringa) and interviews with regional cluster management teams and steering committees, district cluster steering committees, and ward cluster groups, as well as visits to villages to observe activities of cluster activity beneficiaries. (The list of interviewees is in Annex 1.)

The original plan for the assessment was to cover 5 clusters representing three perceived levels of performance: excellent, average and poor. However, two major methodological issues arose early in the process which led to major recommendations in regard to the type and manner of collecting information and the overall methodology for a comprehensive assessment.

II. Needs for a Comprehensive Management Assessment

1. The need for a comprehensive data base on NGOs. This particular assessment confronted the fact that while a great deal of knowledge and experience about the cluster approach has been accumulated over the past four years, there are still major gaps in knowledge, particularly about the NGO community that constitutes the foundation of the program. A lot of people know something, but there is no central core of information about this organizational community. Thus, the first major recommendation was to create an up-to-date map of the NGO characteristics that would help in identifying appropriate interventions in capacity building. Elements of the NGO mapping exercise were identified. (See Annex 2)

2. The need for a rigorous methodology to assess management capacity. In carrying out this assessment, it was also apparent that as another rapid review, it would cover much of the same ground that the TAP Mid-Term Review (MTR) had. It was judged that at this point in the

evolution of the cluster approach and of the TAP a more systematic, comprehensive, and methodologically rigorous approach to assessing management capacity would better serve the design and management requirements. It would provide a body of baseline data for monitoring change over time, and inculcate assessment methods which the clusters themselves could use as a means of assessing their own management development requirements.

Thus, it was recommended that a full-fledged management development assessment using the approach developed by MSH (the Management Development Assessment or MDA) be initiated. (See Annex 3.) A tentative action plan for the MDA process as well as a more detailed plan for the first phase of the MDA was prepared. (See Annex 4.)

In addition, upon the request of USAID, MSH prepared a draft Terms of Reference (TOR) for a management assessment of the National AIDS Control Program. (See Annex 5.)

As more than three clusters would only add more information at the margin from this type of rapid review, it was agreed to suspend this approach and embark on the recommended mapping and MDA exercises. However, the FHI representative continued with the visits to the remaining two regions.

III. Summary of results of the first phase of the assessment

The USAID MTR of this program and other documents describe the operations of the clusters, many of its strengths and weaknesses. The present report amplifies some of the previous reflections and insights, or lessons learned, from the 4 years of experience with the cluster approach. It summarizes findings from five major discussion questions which were systematically asked of all groups interviewed during this assessment. The questions were:

1. a.) What are the roles and responsibilities of the steering committee? b.) What skills, experience do members bring to carrying out these responsibilities?
2. What do members consider to be the strengths and weakness of the cluster approach?
3. What are the benefits of working as a cluster?
4. What have been the major achievements of the clusters and what impact have activities had to date?
5. Is it appropriate for clusters to expand the program focus from HIV/AIDS to Reproductive Health?

These questions essentially address the larger question of what is meant by cluster management and issues of governance, since, by definition of a cluster, the management of relationships becomes a crucial component in any measure of capacity.

In addition, the assessment also obtained specific information about the structure, organization, membership and staffing, and activities of NGOs which were members of the Cluster Steering Committees.

Question 1a. Roles and responsibilities: The purpose of this question was to determine if there

is any perception of changing roles of the steering committee in light of the move to decentralization toward the district and ward levels.

The assessment team was concerned with any major governance issues that might be emerging. The steering committee members readily cited their major responsibilities. These are consistent with the tasks assigned to the steering committee and consistent among the various steering committees interviewed.

All levels (regional, district, and ward) cited basically the same types of roles and responsibilities. This is good on the surface, but clearly all groups and levels cannot and perhaps should not be carrying out the same types of roles and responsibilities. Just as in the initial cluster start-up period, conflicts within the steering committee occurred as NGOs settled into a new role of working together. There is the potential for inter-level conflicts to continue as the levels sort themselves out in the decentralization process. This is an instance of a classic organizational development (OD) problem.

Another potential source of conflict may arise as the clusters change their institutional identity from an association to an NGO. Several clusters are launching initiatives to register as NGOs. The main reason they cite is to open access to funding from other donors, or to become more sustainable by collecting entry and other fees from the present NGOs who would join as members of the new umbrella NGO. Concern for sustainability is important, but hardly a sufficient reason for the regional clusters to become NGOs. The change in status, along with the change in relationships between NGOs, may create other types of adjustment OD problems.

It would be helpful if these potential OD problems could be addressed pro-actively. We recommend that efforts be made to identify expertise in Tanzanian management and business education type of institutions to work with the regional clusters in addressing issues of role definition and redefinition as decentralization proceeds. FHI should look into ways of tapping into existing institutional and individual local management expertise in this area. Although, conflicts eventually, as experience has shown, sort themselves out, early OD type interventions could significantly avert unnecessary conflicts and considerably ease the process of transition to decentralized clusters.

Another potential, mission-type conflict may emerge from the cluster's concern with Income Generating Activities (IGA). In general, there seems to be over concern with IGA. This is similar to the early days of concern for sustainability of family planning (FP) programs, when FP NGOs became involved in all sorts of IGA that had nothing to do with the essential work of the FP organizations. Eventually, much of this extraneous IGA was dropped in favor of related income producing services. These days the emphasis has happily moved to internal assessments of resource utilization so as to make operations as efficient as possible.

The NGOs here seem to be in the very first stage of the sustainability concerns. Can this process be telescoped? Unnecessary concern for and expenditure of energy on IGA will divert attention from the business at hand which is preventing the spread of the HIV/AIDS epidemic and dealing

with some of its consequences.

Question 1b: Skills and experience: One of the most interesting aspects of the cluster approach is the mobilization of multiple technical and managerial skills, not only from the NGOs but also from the co-opted government members who participate in the steering committees. The latter bring both individual as well as institutional resources to the cluster (transport, office space, equipment, and financial means). The emerging, and in some cases established, partnership between the NGO and public sectors is highly significant. The large skill and resource base should be assessed thoroughly, to evaluate how it can be advantageously and consciously used to promote better planning, supervision, monitoring, and evaluation of cluster activities.

Looking at the steering committees from the human resources perspective, we see potential for co-opting members from other types of institutions, particularly private sector and higher educational institutions such as universities. These individuals can provide considerable help in monitoring and evaluation. An example is the evaluation of community drama programs being carried out by university students of the Social Science Faculty in Iringa. There are perhaps other examples, but instead of proceeding on a case by case basis, a coherent strategy for tapping these resources should be developed and implemented.

Another aspect of pooling resources is exploiting specific types of skills that can enhance community participation. For example, clusters should look into persons from the community development sector with skills in Participatory Rural Analysis (PRA), a technique which is widely used in developing community based responses to the HIV/AIDS epidemic. An inventory of skills should be developed and carefully assessed in terms of the value that they will bring to both technical and managerial resources.

The other resource potential is funding. A good example is the growing readiness of local governments to provide some financial support to Cluster program activities. Clusters are interacting with government organs, sitting on consultative committees, etc. This is leading to allocation of funds to HIV/AIDS initiatives, in general, and to specific cluster programs as well. This process needs to be nurtured and followed closely. Both the pooling of human resources and the access to local funding will promote sustainability.

Question 2: Strengths and Weaknesses: These are defined respectively as activities and lack of resources. We had hoped for some comments from cluster members on management functions in light of the purpose of our assessment. In a few instances weaknesses cited include lack of skills in monitoring and evaluation, and a lack of attention to quality. As we didn't have time to enquire systematically into the management systems, the following comments are suggestive.

Planning: It is not clear what function planning currently serves, or how it is being carried out. It appears that the planning process occurs more in the preparation of a proposal to a prospective donor (FHI, in this case) than in the formulation of a management tool. This has a lot to do with the budgeting process and associated uncertainties about available annual resources. Perhaps if the clusters had specific instructions regarding resources, planning could become less proposal

oriented.

Clearly there is a wide divergence in individual NGO capacity in the area of planning, as well as the role planning plays in various types of organizations. Well established service NGOs like UMATI have annual and triennial planning processes linked to budgets and donors, and reporting requirements. Professional organizations like TAHEA and TARENA may not require planning as a managerial function.

However, the kind of planning the clusters should be doing is more of interest. It is important to distinguish between the planning requirements of the NGOs which are carrying out activities in behalf of the clusters, and the clusters which are carrying out the NGO sectoral component of a national program (whether or not it is defined as such). For the most part, the clusters are implementing pre-packaged, state-of-the-art interventions. These are the interventions for which funds are available.

It seems that most cluster members probably do a good job at the activity level, in preparing action plans, etc., Perhaps the next issue in planning is the development of cluster strategies that reflect the current status of the epidemic in the region. For planning to become a true management function, it has to be tied into the gathering of pertinent information through in-depth situation analyses, in-depth monitoring, and evaluation. Such skills are just beginning to emerge. The Iringa cluster appears to be conducting a situation analysis regarding orphans in the Makete District to determine the extent of the problem and the financial implications of addressing it. This sort of analysis needs to be encouraged.

Monitoring and evaluation: This is perhaps the most important management weakness that can currently be identified. The existing reporting system focuses on planned and budgeted activities. There is less sense of what is happening subsequently, or at least there is little consistently reviewed and documented follow-up to determine and document results. Instead, at present the clusters tend to rely on anecdotes regarding individual and communal changes in behavior (such as less frequency of widow marriages, openness in accepting condoms, earlier closing of bars, married couples going to bars together rather than separately) to bear witness to impact of intervention.

Impact-related monitoring and evaluation is obviously complex, and is likely to be expensive. However, some starts need to be made as soon as possible in regard to the various program activities. For example, this could include the introduction of the FHI BCSS system, pro-actively linking with university social science faculties to undertake surveys or to involve social and other related science students in conducting research, etc. In some situations such institutes conduct research *pro bono* in order to produce papers for publication. Similar incentives could possibly apply here as well. An alternative to consider is the addition of an evaluation person on the management staff or perhaps one such staff member for a group of three regions, supported by the FHI Country Office. However, since surveys are likely to be the main evaluation methods as issues of quality emerge, along with the need to document ways different NGOs are implementing activities. The results of the various prevention strategies, co-optation of universities, etc. into the

process would seem like the best route to develop significant monitoring and evaluation capacity as quickly as possible.

Question 3: Benefits: There are lots of psychological and affective types of benefits that accrue from working together. A frequent response is that the cluster has resulted in bringing the NGOs closer to the community.

The other benefits are seen in the forging of partnerships with the public sector, and in the enhancement of the status of the NGOs. Participating in Consultative Committees, having strong and active support of Regional Commissioners, and being able to access resources measurably increase status, reputation and clout. The NGOs are becoming, in some sites and instances, a major player. As this occurs, it will be important to pay attention to the emerging partnership between public and NGO sectors.

Just as in the early days of cluster formation jealousies and rivalries among participating NGOs have surfaced. Therefore, one has to be attentive to the dynamics of the partnership between NGOs and co-opted public sector units. The strength of the cluster approach, as it appears to be emerging in the three regions visited, lies in its gradual development of a programmatic multi-sectoral approach to addressing the HIV epidemic. The NGOs should be seen as part of the program rather than the program *per se*.

Perhaps the next phase in the development of the cluster approach should focus less on the membership in the cluster and more on three key roles which seem to be emerging: expanding coverage, improving quality and strengthening sustainability, through the clusters ability to mobilize institutional, human and financial resources.

In terms of resource mobilization, many NGOs focus on IGAs as their main sustainability strategy. Concepts of cost sharing are being introduced related to work-site programs. Limited resources may be available from the local government as well. However, there are other avenues that need to be explored which can be part of the regional cluster responsibilities. In some regions such as Arusha, NGO coordinating committees composed of commercial organizations have been established. There are also Lyons Clubs and Chambers of Commerce. These groupings usually support public service initiatives such as polio eradication. Links between the clusters and these groups should be investigated, as the latter may offer potential sources of funds. The big companies where potential work-site programs may be initiated are also potential sources of funding. Perhaps clusters should be trained in fund raising techniques.

Question 4. Achievements and Impact: Aspects of responses to this question were considered above in addressing question 2. Three additional points should be noted.

1. Formation of new NGOs. This needs to be re-emphasized in terms of the process of decentralization. Roles may vary from level to level. At the regional level, the clusters probably should continue to rely on established NGOs. The larger regional-based NGOs for the most part do not effectively interact with the community. Thus, at the district level, which is closer to the

community, one important role of the clusters may be to encourage the formation of new NGOs (or Community Based Organizations, CBOs) from participants in regional activities such as peer educators, counselors, or TBAs.

The formation of new NGOs may be the way to promote the establishment of more community based type organizations. Examples of this were seen in Monduli District where peer educators and counselors were in process of setting up an NGO. In Dodoma, TBAs had formed a community group. A trainee helped form UMADIKO, an NGO for regional leaders in Dodoma. In Iringa, TAHEA was actively working with community groups which had formed first through establishing IGA and had thereby become members of TAHEA. This seems to be an important function of the cluster approach, particularly at the district level.

The cluster approach may be opening opportunities for new organizational entities to develop at the community level, and with various social, economic and administrative sub-communities. This should be followed up closely. Had the clusters not laid the groundwork for this, there would *indeed* be a problem. The capacity of the individual members of the cluster is less important than the ability of its members to be able to work in a sustained, focused, and committed manner at the community level. This is what organizations allow. The issue to consider, then, is how the clusters and NGO members support the nascent NGO or CBOs. Many of the activities in program training provide technical abilities. Maybe setting some good examples by other NGOs is all that is needed in these early stages to start establishing good management practices. A lot of fine NGOs have developed with just that as the point of departure.

2. Range of activities of NGOs. Most NGOs appear to be carrying out a variety of activities as part of the cluster program. The emphasis so far in planning for expanding coverage and in using resources seems to be on avoiding geographical overlap or concentration. This makes sense, but at the same time it is questionable whether many of the NGOs with limited capability can carry out a grab-bag of activities in a sustainable way.

Several questions arise: Do geographical strategies improve or reduce potential impact on prevention and care? Should the focus be on complementarity of activities rather than on geographical impact? In other words, as part of the strategy for developing institutional capacity, should all NGOs be carrying out all types of activities, or should efforts be made to help the NGOs become more selective and more focused on those which suit their identities and which can be effectively managed or at least consistently supervised? More effective monitoring and evaluation will be needed to address this strategic issue.

3. Implementing partnerships. The developing partnership between the NGO and public sectors under a program approach has some interesting implications. This does not mean that NGOs are solely responsible for carrying out activities. For example, in Iringa, government workers are responsible for managing the Information Center which has been established in the city. Will this involve qualitative differences between Information Centers managed by public sector employees and those managed by NGO members? Under what auspices can the cluster effectively supervise and monitor an activity operated by public sector employees?

This issue has further significance if we look at cluster formation at the ward level, using the example of Nzihi Ward in Iringa (if that is generally characteristic of what will likely occur). Comparing the regional, district levels and ward levels, we find that the first two are primarily composed of NGOs, whereas at the ward level, the principle stakeholders are government employees from variety of sectors (nursing, education, agriculture, administration, etc.) with a minority of non-official organizations, NGOs or CBOs.

Is a ward cluster a different type of entity? Are there implications for planning, and meeting local expectations particularly in regard to resource, allocation, provision of support, as well as potentially thorny issue of supervision? Will the ward cluster be implementing an NGO or a government activity? Some major governance issues may arise out of the process of decentralization that may have an impact on cluster program effectiveness.

Question 5: Reproductive Health (RH): In general, there seems to be a consensus that expanding the focus of the program to include reproductive health makes sense. Several NGOs such as UMATI are quite knowledgeable about RH and have CBD programs which already address FP and HIV. Everyone has heard of it. There is a feeling that many of the current programmatic elements (STD, condom distribution, behavioral change) are part of the reproductive health continuum. Many clients ask for information about family planning. This would support the thrust of the new USAID results package strategic objectives.

However, a more concerted and focused RH strategy might have implications for program activities. An expanded focus on RH conceivably should involve increasing access to STD diagnosis and treatment. At present, these activities seem to be concentrated on private sector practitioners, and it is not clear how much increased coverage they facilitate, particularly in areas where there is a recognized high incidence of STDs.

Will such an expanded focus mean bringing in different NGOs, expanding the role of existing NGOs with the potential to make such services available, and focusing more attention on government health centers, and dispensaries, etc.? There are any number of strategic questions that affect the allocation of resources and the choice of organizations which will form the clusters in an expanded RH focus. One could easily say that the clusters are doing RH and leave it at that, but a serious consideration necessitates a close look at what the current NGOs are in fact doing and what they can do under an RH umbrella.

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Condom Distribution

USAID asked for some comment on the social marketing of the PSI Salama condoms. There is the perception that the NGOs, which were to market Salamas as part of the IGAs, are not doing as much as they can. This action rather recapitulates many of the issues discussed above in terms of roles, capacity, and programs. Several issues are apparent: 1) the NGOs have stocks of free condoms which they distribute under the NACP auspices. These are provided by the district and regional AIDS coordinators. 2) The NGOs may not have the skills to promote Salamas, nor the

means to sell them to meet sales expectations. 3) In the concern for IGA, Salamas may not be the best use of limited time and energy. 4) There may be a difference in perspective: NGOs measure success in terms of distribution to individuals, so even a few sales may be an achievement if many more are distributed freely. PSI, on the other hand, may be measuring achievement in terms of CYP, which is often a measure of movement of consignments from one warehouse to another, rather than sales *per se.*

Annex 1. List of Persons Interviewed

1. Irene Kasambala -Ag. Project Manager, Arusha cluster
2. Asha Mohamed -CFIAWAKUA, Arusha cluster
3. Christopher Mremi -RACC, Arusha Regional Hospital
4. Joan Koisianga -OSOTWA, Arusha cluster
5. Lediana Mafuru -Project Manager, Iringa
6. Aleck Barankena -DACC, Dodoma Municipality
7. Ndeshi Nankondo -OSOTWA, Arusha cluster
8. Abraham Seloja -OSOTWA. Arusha cluster
9. Dr. Longishu -Monduli District Medical Officer I/c
10. John Makundi -DACC, Monduli District
11. Ndosa -District Manpower Management Officer, Monduli
12. Rogathe Makundi -Project Manager, Dodoma cluster
13. Justin Muro -Project Accountant, Dodoma cluster
14. Dr. Richard Ntahonsigaye -Steering Committee Chairman, Dodoma cluster
15. Sam Paul -World Vision International (Dodoma) cluster
16. Pastor Msuya -UMADIKU, Dodoma cluster
17. George Ikongo (HIV+) -Counselor/Peer Educator, Dodoma
18. Betty Moses (HIV+) -Community Educator, Dodoma
19. Missana Bwire -Regional Cultural Officer, Dodoma cluster
20. Amina Mpore -EGAJ, Dodoma cluster
21. Dr. Aloys Mikindo -UMATI, Dodoma cluster
22. M. S. RESTINA -SDA, Dodoma cluster
23. Alexander Kamunya -TAHEA, Dodoma cluster
24. Isdory Shirima -Regional Commissioner, Dodoma
25. Christopher Chinyele -Village Executive Officer, Nzasa, Dodoma
26. Julius Kazi -Village Chairman, Nzasa village, Dodoma
27. Mama Ligoha -Nurse Midwife, Nzasa village, Dodoma
28. Mama Kinyamagoha -Nurse Midwife (MCH), Nzasa village
29. 12 Traditional Birth Attendants, Nzasa village, Dodama
30. 15 Traditional Birth Attendants, Gawaye village, Dodoma
31. John Hilary -Chairman, Iringa cluster
32. James Sizya -Ag. Project Manager, Iringa cluster
33. Esther Mwakalile -Secretary Iringa Rural District cluster
34. John Kinyunyu -Vice Chairman, Iringa cluster
35. Njelu Kasaka -Regional Commissioner, Iringa
36. Fred Sanga -Iringa District cluster
37. E. Fungo -Makete District cluster
38. Rebecca Msokwa -Makete District cluster
39. Asha Kipangula -Iringa Urban District cluster
40. Judith Mbilinyi -Iringa Urban District cluster
41. Abdu Mselem -Iringa Rural District cluster
42. Habiba Yunus -CONCERN, Iringa Urban District cluster

43. Mario A. Mbugi -Ward Executive Officer, Nzihi
44. Udia Kalinga -Ward Health Officer, Nzihi
45. Sifueli Merere -Ward Education Coordinator, Nzihi
46. Chediel Charles -Ward Ag. Extension Officer, Nzihi
47. Olipa Mbayale -MCHA - Nzihi
48. Sylevester Mbinda -UMATI - Nzihi
49. Abdul Salami Mkase -BAKWATA, Nzihi
50. 14 Members of Community Group (TAHEA), Nyamihuhu village

Annex 2. Planning for Management Development Assessment

1. Mapping Exercise. As part of the process of conducting a systematic assessment of managerial capacity, we recommend a mapping exercise of the NGOs involved in the nine clusters. Several regional clusters have indicated that they already have begun to collect information on the NGOs and that such information was collected at the time the clusters were established. However, NGOs have dropped out and new ones have joined so it would be useful to conduct a detailed census of current, participating members of the clusters. Future activities concerning the development of management as well as technical capacity will have to consider the structure, membership, resources, etc., of the NGOs, all of which influence the choice of strategies for capacity building. These factors will be crucial in determining where efforts should be directed and the level of effort to be expended on developing capacity.

2. Mapping Elements. The mapping exercise should be undertaken in October. A basic set of information should be collected from each NGO. At minimum, the following areas of information to be collected include:

- Date established;
- Leadership Structure of the NGOs: (Chairman, Treasurer, Steering Committee, Organogram);
- Affiliation (local, national, international, professional society, religious)
- Existence of constitution, bylaws;
- Membership (number, entry and other requirements);
- Volunteers (number and tasks);
- Professional Staff (functions);
- Operational presence (regional, district, ward/village);
- Operational resources (for on going activities);
- Operational systems (finance, information, logistics, training, research);
- Infrastructure (for providing services or conducting activities such as dispensaries, meeting halls, schools, etc.);
- Special support and/or resources (fund raising, income generating activities, special donors);
- Regular and priority on-going activities (health, social welfare, community development, etc.);
- HIV/AIDS activities;
- Where the activities are conducted;
- Target groups;
- Involvement with the community (support for specific groups, establishment of branches, solicitation of members, etc.).

3. Mapping Presentation. The results should be presented in a matrix summarizing the above information. A more detailed file should be kept on each NGO for reference purposes.

Annex 3: Proposal for Management Development Assessment of NGOs in Regional Clusters

After initial discussions with USAID and FHI representatives concerning the current statement of work for this assessment, and after a review of the results of the first set up interviews with representatives from the Arusha cluster, the following observations are made with the intent of proposing a more comprehensive and methodologically rigorous assessment to meet the needs of USAID and FHI in determining the next stage of evolution of the cluster approach and how the cluster approach can fit in with the new results framework for HIV and reproductive health:

1. It is important to undertake a thorough and systematic assessment of NGOs to get information that will help in making some of the critical decision about the future of the cluster program and the directions it should take. A rapid assessment of the kind originally proposed for the current consultation will probably go over much of the same ground as the Mid-Term Review of this cluster approach and over the lessons learned conferences. There is insufficient time to obtain comprehensive and detailed information from interviews and no time to verify the information by checking documents, reports, records, etc. Nor is there time to sample sufficient NGOs or communities to determine the role the NGOs play there. The present set of questions for discussion is useful, but does not lend itself to consistent application across all clusters. Therefore, the information being gathered varies from site to site. The results will be more informed but impressionistic, not the kind of consistent, and comprehensive data to make solid recommendations on the future evolution of the cluster approach over the next five year period.

2. New and more useful insights and new interpretations of those previously made observations can only come from a comprehensive, systematic assessment. The assessment also has to be transparent. It has to provide a base line data bank that all understand, can access and can use. Second, it should be normative, for example, one that will allow stakeholders to compare current capacity with required capacity. Third, it should be participative, creating ownership of the management development process, as well as adding value as a learning experience so that the assessment itself becomes a step in management development.

3. It is therefore proposed that MSH should provide technical assistance to the FHI Country Office team in Tanzania to organize and conduct a Management Development Assessment (MDA) using the methodology developed by MSH. This is a methodology which was the basis for the PRISSM assessment conducted for the social marketing initiative of PSI. This will allow all stakeholders to establish a set of clearly defined indicators (results) for all management and performance areas and clear reference criteria for normative capacity for each management indicator. This methodology will be transparent, normative and participative. The heart of the methodology is the creation of a management map based on critical management indicators each with a set of reference criteria related to different stages of organizational development so that NGOs and clusters can be measured in relation to desired capacity, and so that collective profiles for different management areas can be easily developed. This will give better information regarding the potential for decentralization, strategies for strengthening capacity for decentralization, and linking management development to results.

4. This formal process follows the steps of our MDA Methodology. It would take more time overall and for each individual assessment, would involve sampling NGOs and communities. It would require training several teams of assessment implementers (from the clusters), and involve more time to formally analyze the data collected. More time and people mean more resources to dedicate to such an assessment, so its a big decision. But in terms of a five year program, a better situation analysis could make a substantive difference in strategies and therefore outcomes.

5. The following steps are suggested:

Activity	**Participants**	**Dates**
1. Introduction to MDA Methodology	Clusters (NGO other key stakeholders), MSH, FHI, USAID, NACP	16-17 Nov
2. Development of indicators and reference criteria and data collection instrument	Same	18-24 Nov
3. Training of data collections	3 teams of 2 persons From previous groups	25-27 Nov
4. Sampling of Cluster and NGOs	FHI, USAID, Clusters, etc.	25-27 Nov
5. Planning and logistics of assessment	FHI, USAID, Clusters, etc..	25-27 Nov
6. Survey	Assessment teams	Jan – Feb 99
7. Data analysis and preparation of report	MSH, FHI, Assessment teams,	Feb 99
8. Workshop and debriefing on results	FHI and Clusters	Feb 99

6. Going a bit slower, in a more comprehensive, systematic and participative way, will fit in with the current approach used in framing the results package. We also recommend involving the NACP and the RH/CS Unit in a similar and comparable in the planning and perhaps implementation of this type of assessment. This would be a learning experience and pave the way for similar assessment of their organizational needs.

7. Thus, it is recommended that the current scope of work is shortened and a new scope of work is developed for the implementation of the MDA. The present consultation will continue as a means for finding out what we do and don t know and for looking at some issues in the governance of the clusters and the implications of these issues for further decentralization. .

Annex 4. Organization of the Management Development Assessment

1. Orientation to the management development assessment methodology. This will involve distribution of documents related to the MDA methodology. These should be reviewed by all participants in the MDA process. The review can involve individual and local group exercises in identifying key management areas, indicators, and reference criteria for the various stages of development. MSH will supply copies of the required documentation for review.

2. Workshop on development/adaption of the MDA tools. Key preparatory activities include:

- Identification of key participants and facilitators who will develop the key indicators and reference criteria. Estimated 36 participants from the 9 clusters;
- Identification of subgroup of participants responsible for finalizing and implementing MDA tools (surveyors). Estimated 3 teams. Composition to be discussed;
- Briefing of participants;
- Selection of dates and venue;
- Preparation of workshop agenda.

3. Identification of participants and facilitators:

- Facilitators: MSH and FHI staff;
- General Participants should include: FHI program officers, cluster managers, member of steering committee, key government counterparts, National AIDS Control Program (NACP, and co-opted members, staff of non-affiliated organizations such as management institutes, university departments, other NGOs, influential persons at regional and district level, etc.;
- Surveyor teams should include: FHI program officer, cluster member, non affiliate organizational member (selected from the larger group).

4. Workshop Organization. The program will be composed of several distinct sessions:

- 2 day session for briefing of FHI Program officers on MDA methodology;
- 3 day workshop for all participants to develop indicators and reference criteria for mature stage (goals of management development);
- 3 day workshop for surveyors (to finalize indicators and questionnaires);
- 1 day workshop for surveys on MDA implementation;
- 2 day field test;
- 2 day revision and finalization of MDA instruments (indicators and questionnaire).

5. Implementation of the MDA

- *Collection of data*. The MDA will be implemented in each of the 9 regions. All NGOs will be covered per region. Each team will cover three regions, spending about 3-4 days per region. It is recommended that each team have a week or so break between regions. The teams will meet with NGOs, interview staff, review documents, and observe, as feasible, activities. They will fill out the questionnaires based on

information collected through these methods. As part of the MDA methodology, each team will prepare a management map of the NGO in question on the basis of information collected. These maps will be used in subsequent analysis of management capacity.

- *Survey period.* The MDA implementation will be conducted from mid-January to mid-February. The analysis of the results will take place during the second half of February, concluding with a general workshop to present results.

6. Analysis and presentation of results. The final step will involve the development of a management development action plan based on the results of the assessment. The plan will focus on capacities which most closely affect the quality and impact of HIV/AIDS interventions.

Annex 5: DRAFT Terms of Reference (TOR) for Management Development Assessment (MDA) of the National AIDS Control Program (NACP)

1. Introduction

A. Background. In view of the changing nature of the HIV/AIDS epidemic in Tanzania, it is important to be able to mobilize all sectors and resources available in the nation to respond as rapidly, comprehensively and effectively as possible to slow its spread as well as deal with its consequences. The NACP needs to be positioned and empowered to bring the available resources together and to focus them on strategies that address the epidemic as it is presently unfolding in Tanzania. A major goal of the NACP s Mid-Term Program 3 is to transform it from an implementing to a coordinating agency so that it can address the issue of mobilizing and deploying resources effectively. This is even more important in that this new role will be carried out within the context of the health sector reform and move toward greater decentralization. This transformation from implementor to coordinator may require significant changes in the NACP s existing structure and organization.

B. Purpose. The purpose of this assessment is therefore to identify structural and organizational changes necessary in light of its new role in mobilizing and coordinating resources from the public, NGO, and private sectors to identify the skills and systems needed to effectively link these resources to communities which are at the forefront of the fight against the epidemic.

II. The Scope of the Management Development Assessment

1. Strategic management issues

A. Where does the NACP fit within the government administration? Within the framework of its role as coordinator, it is important to review the appropriate location of the NACP within the larger government organogram so that it can most effectively function in relation to all sectors and levels of administration down to the community. This will require assessments of the NACP s role from the perspective of various sectors and levels of administration. The assessment will attempt to determine if the current position in the organogram is appropriate as well as propose feasible alternatives that are more in line with the role of coordination.

B. What is the best structure to function as coordinator and to link coordination to action? New roles and functions may require changes in the way the NACP staff works and the types of work they carry out. Thus, it will be important to identify the new working patterns, technical and managerial job descriptions, and internal division of responsibilities that will be best suited for the new role. This will require assessment of the types of personnel and professional backgrounds and how they correspond to new job descriptions and relationships. The assessment will review the current organizational structure of the NACP, determine the extent to which it matches the role of coordinator and the extent to which current staffing patterns are suitable for the tasks that need to be carried out by a coordinating agency. It will also assess the NACP s structure to determine how it can most effectively link with various levels of HIV/AIDS program implementation from the national to the community level. The assessment will propose changes as needed in professional requirements and organizational structure.

C. What is the capacity necessary to carry out these new roles and functions? Along with the potential changes in current technical and managerial job descriptions, new skills and systems may be necessary to ensure that the NACP personnel can carry out new tasks. The assessment will review key skills and systems related to information, planning, monitoring and evaluation, quality control, and supervisory functions. The assessment will determine to what extent current systems and skills satisfy new requirements and propose feasible changes to enhance current skills and systems so that they support new tasks.

2.Assessment Methodology

A. Participative approach. As the role of coordinator implies working in a multi-sectoral setting, the assessment should be conducted as a multi-sectoral initiative to ensure maximum participation in and ownership of the resulting changes that may be brought about from ensuing recommendations. Thus it will be advisable to constitute a multi-sectoral team to carry out the assessment. The NACP will identify key institutional partners as well as individuals most appropriate to participate in this assessment.

B. Development of data collection instruments. As part of this charge, the assessment team will develop the basic methodology, instruments, and procedures for analyzing and disseminating results. This process can be facilitated and accelerated by adapting or using as guides existing management assessment tools and techniques to gather and analyze the data necessary to answer the assessment s three strategic questions. The team will refine the basic strategic questions into indicators and reference criteria, and develop questionnaires for interviews, document reviews, and other information gathering activities. The development of the assessment tools can be facilitated by external consultants, who can help guide the process. The leadership of this process, however, should rest with the NACP and the multi-sectoral team.

C. Assessment Action Plan. The following are proposed as the main tasks and milestones of the Assessment.

Activity	**Participants**	**Dates**
1. Review and approval of the TOR for the assessment	NACP and GOT	Mid November 1998
2. Constitution of multi-sectoral assessment team	NACP and GOT	Mid February 1999
3. Workshop on preparing management assessment tools and techniques	NACP, multi-sectoral assessment team and external consultants	Mid April 1999
4. Implementation of assessment	Multi-sectoral assessment team	May -June 1999
5. Analysis of data	Team and external consultants	July 1999
6. Report and dissemination of results	NACP and Team	July 1999